

APPLICATION FOR PROPERTY TAX REDUCTION FOR 2006

ALL OF THE FOLLOWING QUESTIONS MUST BE COMPLETED. ATTACH SUPPORTING DOCUMENTS.

County	Code Area	Parcel Number
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A. 1. Ownership Information (Name, Address and Zip Code)

2. Social Security Number (Claimant)	Social Security Number (Spouse)
3. Birth Date (Claimant)	Birth Date (Spouse)

4. Telephone Number

5. As of January 1, 2006, I was (check only if applicable)
☐ Married ☐ Widow(er)/Not remarried

6. Physical address of the property if different than Block 1

7. Are you a new applicant? ☐ Yes ☐ No

8. Did you receive a Property Tax Reduction in 2005? ☐ Yes ☐ No

9. If you live in a mobile home, do you own the land? ☐ Yes ☐ No

10. Have you filed a claim on a different primary residence between January 1, 2006 and now? ☐ Yes ☐ No

11. Did you occupy your home as your primary residence before April 15, 2006? ☐ Yes ☐ No

12. Did you or your spouse stay in a care facility in 2005? ☐ Yes ☐ No

13. Do you receive rental income for all or any part of this property?
(If yes, please attach a copy of your rental agreement.) ☐ Yes ☐ No

14. Is any portion of this property used for commercial use? ☐ Yes ☐ No

15. This year will you or your spouse file:
Federal Income Tax Return (If yes, please attach a copy. If your tax information is incomplete, please contact your county assessor for instructions on completing this form.) ☐ Yes ☐ No
State Income Tax Return (Which State? _____) ☐ Yes ☐ No
Idaho Grocery Credit Form _____ ☐ Yes ☐ No

16. **I grant permission to any government agency and contractor to confirm my status and to reveal to the Idaho State Tax Commission the total monetary payments made to me or my spouse during 2005.**

(Check one) ☐ Yes ☐ No

Under penalty of perjury, I certify that to the best of my knowledge the information I have provided here is true, correct, and complete.

Claimant(s)	Date
Signature(s) and Relationship	Telephone Number

B. As of January 1, 2006, I was (check all that apply)

☐ 65 or older ☐ Blind ☐ Former P.O.W. ☐ Fatherless or Motherless Minor

☐ Widow(er): Spouse Name _____ Date of Death _____

☐ Veteran 10-30% Service-connected disability
☐ Veteran 40-100% Service-connected disability
☐ Veteran Nonservice-connected disability with pension

Recognized disabled: Soc. Sec. Adm. ☐ Fed. Civil Svc. ☐ R/R Retirement ☐

**C. Household Income and Qualified Expenses
January 1 - December 31, 2005**

1. Federal Adjusted Gross Income \$ _____
Extension filed ☐

2. Social Security Income (Claimant) \$ _____

3. Social Security Income (Spouse) \$ _____

4. S.S.I. (Claimant) \$ _____

5. S.S.I. (Spouse) \$ _____

6. Pensions, Retirements, Annuities, and IRA's not included on line 1 \$ _____

7. VA Pension or Compensation \$ _____

8. Interest (Bank, Escrow, Dividends, etc)
Taxable and Nontaxable not included on line 1 \$ _____

9. Railroad Retirement not included on line 1 .. \$ _____

10. Other income not included on line 1
(Received from) \$ _____

11. Subtotal (add lines 1 through 10) \$ _____

12. Capital Gains only if included on line 1 \$ (_____)

13. Total of non-reimbursed **paid** medical expenses and medical insurance premiums \$ (_____)

14. Total of **paid or prepaid** funeral expenses
(Attach receipt - amount cannot exceed \$5,000.) \$ (_____)

15. Total Net Income \$ _____

D. FOR COUNTY USE ONLY

Verification of Partial Ownership:
I _____
County Assessor or Deputy Assessor
certify that _____
Name of Claimant
is a partial owner (excluding community interest) with _____% ownership in this property and the Property Tax Reduction benefits only apply to the claimant's portion of the net taxable value.

1. Approved and verified by Assessor or Deputy Assessor:	2. Date:
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3. Tax reduction not to exceed:

The following section should be completed if the claimant is receiving benefits on a prorated taxable value:

4. Land taxable value (one acre or less)	\$ _____
5. Improvement(s) full value (one residence)	\$ _____
6. Homeowner's exemption	\$ (_____)
7. Net taxable (lines (4+5) - 6)	\$ _____

WHITE-TAX COMMISSION YELLOW - ASSESSOR PINK - CLAIMANT

**RETURN TO YOUR COUNTY ASSESSOR BY
APRIL 17, 2006**